

# KENTUCKY INFRASTRUCTURE AUTHORITY

## FUND A

### Part I - General Project Summary

**1. PROJECT TITLE**

**2. TOTAL AMOUNT REQUESTED**      \$ \_\_\_\_\_

Planning \$ _____	Design \$ _____	Construction \$ _____
-------------------	-----------------	-----------------------

**3.** If this project has previously been submitted to the Clearinghouse, identify funding source and SAI #.  
Source \_\_\_\_\_ # \_\_\_\_\_

**4. LEGAL APPLICANT**

Name of Representative: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City & Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Congressional Dist. No.: \_\_\_\_\_  
Federal I.D. No.: \_\_\_\_\_

**5. APPLICATION CONTACT PERSON** (Consultant, Area Development District, etc.)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City & Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

To the best of my knowledge and belief data contained in this application are true and correct, the document has been duly authorized by the governing body of the applicant.

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

6. Please provide the following information on the engineering firm performing planning and design work:

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

7. Does the applicant certify that no debarred or suspended firms have been or will be used in any phase of this project? (Attach Certification form) \_\_\_\_\_ Yes \_\_\_\_\_ No

**8. DEMOGRAPHICS**

A. Current Population of Service Area \_\_\_\_\_ Year \_\_\_\_\_

B. Projected Population of Service Area \_\_\_\_\_ 20 Year \_\_\_\_\_

C. Population of Service Area 5 Years Ago \_\_\_\_\_

D. Number of households in Service Area remaining unserved \_\_\_\_\_

E. Per Capita Income of Applicant's Jurisdiction \$ \_\_\_\_\_

F. Median Household Income of Applicant's Jurisdiction \$ \_\_\_\_\_

**9. PROJECT DESCRIPTION**

- A. Describe the project and identify what is being constructed. Briefly explain the need for the project. Refer to planning document if necessary. (attach maps)

---

---

---

---

---

---

---

---

---

---

- B. Identify any differences with the approved planning document.

---

---

---

---

---

---

10. If a Fund A loan has been previously received, indicate:

Date of Assistance Agreement \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date of Closeout \_\_\_\_\_ Final Amount \$ \_\_\_\_\_

11. Is land acquisition needed for the project?

\_\_\_\_\_ Yes \_\_\_\_\_ No Number of Parcels \_\_\_\_\_

Are easements needed?

\_\_\_\_\_ Yes \_\_\_\_\_ No Number of Parcels \_\_\_\_\_

Contact the Division of Water for instructions. (All land acquisition must comply with the Uniform Relocation Assistance and Real Property Acquisition.) A site certificate is required to be submitted prior to approval of the plans and specifications.

12. For land already acquired, was prior approval of purchase and determination of compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) and 49 CFR Part 24 obtained from the Division of Water? If no, please explain.

\_\_\_\_\_ Yes \_\_\_\_\_ No

---

---

---

---

---

13. If applicant has obtained the necessary land, indicate if by:

A. \_\_\_\_\_ Leasehold interest

1. Length of lease or other estate interest \_\_\_\_\_

2. Is lease renewable? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

3. Annual rental rate \$ \_\_\_\_\_

B. \_\_\_\_\_ Fee simple title

C. \_\_\_\_\_ Other (Specify)

Attach description of acquisition process and documentation of compliance with 49 CFR Part 24.

14. If the project for which assistance is requested has caused, or will cause, the displacement of any individual, family, business, or farm, provide number of:

Individuals \_\_\_\_\_ Businesses \_\_\_\_\_ Families \_\_\_\_\_ Farms \_\_\_\_\_

15. Have business closing or disruptions occurred due to infrastructure inadequacy or failure? If yes, attach explanation.

\_\_\_\_\_ Yes \_\_\_\_\_ No

16. List any proposed new business or housing developments in your service area including projected start date, sewer usage and revenue impact.

---

---

---

---

---

17. Does the Public Service Commission have jurisdiction over this project?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe their role and estimated schedule of review:

---

---

---

---

---

18. Is the applicable wastewater system under sanction from any enforcement agency? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe below, listing amounts and dates of any fines paid to date:

---

---

---

---

---

If under enforcement, is the project schedule in accordance with the court order? \_\_\_\_ Yes \_\_\_\_ No

19. Will the applicant perform any of the construction on the proposed project? \_\_\_\_ Yes \_\_\_\_ No

If yes, please briefly describe the type of work to be performed.

---

---

---

---

---

**NOTE: FORCE ACCOUNT IS INELIGIBLE FOR FAWRF PARTICIPATION.**

**20. PROJECT SCHEDULE**

- A. Anticipated bid advertising date(s) \_\_\_\_\_
- B. Anticipated bid opening date(s) \_\_\_\_\_
- C. Anticipated construction contract award date(s) \_\_\_\_\_
- D. Anticipated construction start date(s) \_\_\_\_\_
- E. Anticipated construction completion date \_\_\_\_\_

- 21.** How many construction contracts are anticipated? \_\_\_\_\_
- Please list contracts below:

<u>Description</u>	<u>Estimated Amount</u>	<u>Actual Bid Amount (To Be Completed Later)</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Will all contracts be bid at the same time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please attach a schedule for each contract.

**Note: All contracts must be bid before binding commitment  
can be issued and loan agreement can be executed.**

## Part II - Financial Analysis

1. Will waste from the facilities being constructed be treated by another entity? \_\_\_\_ Yes \_\_\_\_ No  
If yes, briefly describe terms. (attach copy of service agreement(s))

---



---



---

2. Does this system provide services to other communities? \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following and attach a copy of the current or proposed service agreement(s):

Community	# of Customers	Revenue Derived
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Does the system provide services to or receive services from any major state or federal agency user such as a prison? \_\_\_\_ Yes \_\_\_\_ No

If yes, please briefly describe and attach a copy of the service agreement(s).

---



---



---

Please identify any state park being served.

---

4. How many present or proposed customers have unmetered water service? \_\_\_\_\_

How will their wastewater services be billed?

---



---



---

**5. NUMBER OF ENTITIES CURRENTLY SERVED:** (Please answer with exact number)

\_\_\_\_\_ Residential          \_\_\_\_\_ Commercial          \_\_\_\_\_ Industrial

**6. A.** Number of entities to be added to customer base as a result of proposed project. (Qualify if numbers are approximate.) You may attach this information if lengthy.

No. of **Residential**

Area:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of **Commercial**

Area:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of **Industrial**

Area:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** Attach evidence of new customers' willingness to connect, such as signup sheets, letters of interest or news articles.

**C.** If legal action is required to force connection, under what legal authority will it be accomplished?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7.** Are revenues and expenses for the wastewater system accounted for separately? \_\_\_\_ Yes \_\_\_\_ No

If no, explain accounting procedures used:

\_\_\_\_\_

\_\_\_\_\_

**SEPARATION OF ACCOUNTS IS REQUIRED FOR LOAN APPROVAL**

**8. AUDIT REQUIREMENTS**

**A.** Is the applicant required to have an annual audit performed? \_\_\_\_ Yes \_\_\_\_ No

If not, explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** What is the date of the last audit completed? \_\_\_\_\_

**C.** Provide three copies of each of the last three annual audit reports and/or the audited financial statements.

9. Who performs service billings and collection services? If not the applicant, provide a copy of any agreements.

\_\_\_\_\_

10. How many accounts receivable are more than 60 days old?

Number \_\_\_\_\_ Total Amount \_\_\_\_\_

11. How do you anticipate to pay the debt service, operation, maintenance, and replacement (OM&R) reserve expenses required for this loan (i.e. existing revenues, increased customers, higher rates or other special assistance?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: All expenses for OM&R must be recovered through sewer customer user charges.**

12. **RATE STRUCTURE** (attach 2 copies each of current and proposed water and wastewater rate ordinance)

- A. Date of last rate adjustment/amount of adjustment for an average residential customer.

wastewater: \$ \_\_\_\_\_ / 1,000 gal date: \_\_\_\_\_

water: \$ \_\_\_\_\_ / 1,000 gal date: \_\_\_\_\_

**Note: If billing is based on cubic feet please convert to gallons.**

- B. Current monthly charge for 4,000 gallons residential.

wastewater: \$ \_\_\_\_\_ / 4,000 gal

- C. Public Notification.

1. Attach evidence that the customers who will experience a rate increase as a result of this project have been notified.

2. Have any public meetings been held on the proposed project or service fee increases in the last six months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach minutes.

- D. Method of collection of service fees: \_\_\_\_\_

- E. Percentage rate of collection:  $\frac{\text{annual collection}}{\text{annual billing}}$   $\frac{\$}{\$}$  \_\_\_\_\_ = \_\_\_\_\_ %



- F. Do any users provide more than 5% of the service revenue for the system? \_\_\_\_ Yes \_\_\_\_ No  
List, if yes:

Name	% Service Revenue
_____	_____
_____	_____
_____	_____
_____	_____

G. Raw water source is \_\_\_\_\_.

### 13. REVENUES

- A. Provide the following information, based on the applicant's fiscal year, for **water customers**:

<u>Month</u>	<u>Gallons</u>	<u>Water Revenue</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Totals	_____	\$ _____

- B. Provide the following information, based on the applicant's fiscal year, for **wastewater customers**:

<u>Month</u>	<u>Gallons</u>	<u>Wastewater Revenue</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Totals	_____	\$ _____

- C. Demonstrate any revenue increase derived from a rate increase and/or from an increase in the number of customers by completing the following tables which detail the annual revenue derived from six different monthly consumption categories. It will be necessary to know the number of customers that fall into each consumption category and the average monthly bill for those customers. From this information, monthly annual revenue from each consumption category can be derived. For example, if there are 500 customers who use between 3001 and 5000 gallons per month and pay an average bill of \$20.00, \$10,000 of revenue per month (\$120,000 annually) is derived from that consumption category. The sum of the annual revenues from each consumption category should approximate revenue shown for that annual period in the audit. See complete example on page 12.

**Wastewater - Last Annual Audit Period**

Customer Monthly Consumption Categories (gallons)	(A) Number of Customers	(B) Avg Monthly Bill	(C)=(A)x(B) Monthly Revenue	(D)=(C)x12 Annual Revenue
0 - 3000				
3001 - 5000				
5001 - 10000				
10001 - 50000				
50001 - 100000				
100001 +				
TOTAL				

**Wastewater - Proposed**

Customer Monthly Consumption Categories (gallons)	(A) Number of Customers	(B) Avg Monthly Bill	(C)=(A)x(B) Monthly Revenue	(D)=(C)x12 Annual Revenue
0 - 3000				
3001 - 5000				
5001 - 10000				
10001 - 50000				
50001 - 100000				
100001 +				
TOTAL				

**Water - Last Annual Audit Period**

Customer Monthly Consumption Categories (gallons)	(A) Number of Customers	(B) Avg Monthly Bill	(C)=(A)x(B) Monthly Revenue	(D)=(C)x12 Annual Revenue
0 - 3000	_____	_____	_____	_____
3001 - 5000	_____	_____	_____	_____
5001 - 10000	_____	_____	_____	_____
10001 - 50000	_____	_____	_____	_____
50001 - 100000	_____	_____	_____	_____
100001 +	_____	_____	_____	_____
TOTAL				

**Water - Proposed**

Customer Monthly Consumption Categories (gallons)	(A) Number of Customers	(B) Avg Monthly Bill	(C)=(A)x(B) Monthly Revenue	(D)=(C)x12 Annual Revenue
0 - 3000	_____	_____	_____	_____
3001 - 5000	_____	_____	_____	_____
5001 - 10000	_____	_____	_____	_____
10001 - 50000	_____	_____	_____	_____
50001 - 100000	_____	_____	_____	_____
100001 +	_____	_____	_____	_____
TOTAL				

# KENTUCKY INFRASTRUCTURE AUTHORITY

## REVENUE BREAKDOWN EXAMPLE:

EXAMPLE TO BE USED FOR PAGES 10 & 11 UNDER SECTION 13C

WASTEWATER - LAST ANNUAL AUDIT PERIOD				
Customer Monthly Consumption Categories (gallons)	(A) Number of Customers	(B) Average Monthly Bill	(C) = (A) x (B) Monthly Revenue	(D) = (C) X 12 Annual Revenue
0 - 3000	350	\$10.00	\$3,500	\$42,000
3001 - 5000	600	\$15.00	\$9,000	\$108,000
5001 - 10000	180	\$20.00	\$3,600	\$43,200
10001 - 50000	60	\$40.00	\$2,400	\$28,800
50001 - 100000	7	\$75.00	\$525	\$6,300
100001 +	3	\$100.00	\$300	\$3,600
<b>Total</b>	<b>1,200</b>		<b>\$19,325</b>	<b>\$231,900</b>

WASTEWATER - PROPOSED				
Customer Monthly Consumption Categories (gallons)	(A) Number of Customers	(B) Average Monthly Bill	(C) = (A) x (B) Monthly Revenue	(D) = (C) X 12 Annual Revenue
0 - 3000	400	\$12.00	\$4,800	\$57,600
3001 - 5000	700	\$20.00	\$14,000	\$168,000
5001 - 10000	200	\$22.00	\$4,400	\$52,800
10001 - 50000	80	\$45.00	\$3,600	\$43,200
50001 - 100000	15	\$85.00	\$1,275	\$15,300
100001 +	5	\$120.00	\$600	\$7,200
<b>Total</b>	<b>1,400</b>		<b>\$28,675</b>	<b>\$344,100</b>

Approximate Annual  
Wastewater

Revenue Increase: **\$112,200**

**\*\* This figure should approximately equal wastewater revenues for the last annual audit period.**

- D. 1. Using the past three audited Enterprise (utility) Fund financial statements, list the revenue totals and compute the change from year to year.

<u>FY</u>	<u>Wastewater</u>	<u>% Change</u>	<u>Water</u>	<u>% Change</u>	<u>Other Operating Revenues</u>	<u>% Change</u>
FY _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
FY _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
FY _____	\$ _____	_____	\$ _____	_____	\$ _____	_____

2. Please explain any revenue decreases or any revenue increases of 10% or greater.

---



---



---



---

14. Provide the following information for any state or federal funds for water and wastewater construction projects received during the past five years.

<u>Date Awarded</u>	<u>Project</u>	<u>Funding Source</u>	<u>Amount</u>	<u>Type of Assistance</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

#### 15. OPERATING EXPENSES

- A. Please calculate additional operation and maintenance expenses needed for first year of plant operation.

<u>O &amp; M as of last audit</u>	<u>O &amp; M first year of operation</u>	<u>Difference</u>
\$ _____	\$ _____	\$ _____

- B. Please use the past three audited Enterprise Fund financial statements to list the operating expense totals (less depreciation and amortization) and compute the change from the previous year.

	<u>Wastewater Operating Expense</u>	<u>% Change</u>	<u>Water Operating Expense</u>	<u>% Change</u>	<u>Other Operating Expense</u>	<u>% Change</u>
FY _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
FY _____	\$ _____	_____	\$ _____	_____	\$ _____	_____
FY _____	\$ _____	_____	\$ _____	_____	\$ _____	_____

**16. LONG-TERM DEBT.** Provide the following information on all outstanding debt secured by the Enterprise Fund (wastewater and water and any other utility in the fund).

<u>WASTEWATER</u>							
<u>Creditor/ Issuer</u>	<u>Date of Issue</u>	<u>Orig Loan/ Bond Size</u>	<u>Principal Balance Outstanding</u>	<u>Interest Rate</u>	<u>Annual Principal Payment</u>	<u>Annual Interest Payment</u>	<u>Date of Final Maturity</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<u>WATER</u>							
<u>Auditor/ Issuer</u>	<u>Date of Issue</u>	<u>Orig Loan/ Bond Size</u>	<u>Principal Balance Outstanding</u>	<u>Interest Rate</u>	<u>Annual Principal Payment</u>	<u>Annual Interest Payment</u>	<u>Date of Final Maturity</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<u>OTHER</u>							
<u>Auditor/ Issuer</u>	<u>Date of Issue</u>	<u>Orig Loan/ Bond Size</u>	<u>Principal Balance Outstanding</u>	<u>Interest Rate</u>	<u>Annual Principal Payment</u>	<u>Annual Interest Payment</u>	<u>Date of Final Maturity</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

## 17. DEBT SERVICE EXPENSES

- A. Please use the past three audited Enterprise Fund Financial statements to list the debt service expense totals and compute the change from the previous year.

<u>FY</u>	<u>Wastewater Debt Serv Expires</u>	<u>% Change</u>	<u>Water Debt Serv Expires</u>	<u>% Change</u>	<u>Other Debt Serv Expenses</u>	<u>% Change</u>
FY _____	_____	_____	_____	_____	_____	_____
FY _____	_____	_____	_____	_____	_____	_____
FY _____	_____	_____	_____	_____	_____	_____

- B. Describe any debt expense increase or any debt service expense decrease of 10% or greater.

---



---



---



---

- C. Describe any operating expenses increases or decreases of 10% or greater.

---



---



---



---



---

- D. Describe any operating expense change that will occur as a result of this project.

---



---



---



---



---

18. Please calculate the amount of funds to be set aside annually for replacement costs. This amount should be based on the design life of the system. \_\_\_\_\_

## Part III - Budget Information

### Detailed Project Cost Estimate

If other funding sources will be used with Fund A, please identify the funding source and the amount for each line item.

#### 1. ADMINISTRATIVE AND LEGAL EXPENSES

Allowable administrative expenses **do not include** costs that are related to the normal functions of government. Allowable legal fees are generally those associated with the purchase of eligible land or easements and certain services in support of the project (e.g., review of contracts, compliance with the Real Property Acquisition Act).

<u>Cost Category</u>	<u>Cost</u>	<u>Funding Source(s)</u>	<u>Total Cost</u>
Advertisements	\$ _____	_____	
Legal Fees	\$ _____	_____	
Other _____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
			\$ _____

#### 2. LAND ACQUISITION

This category includes purchases, lease, and/or easements for the site and/ or rights-of-way.

**NOTE:** Land acquisition is ineligible for FAWRF participation.

<u>Cost Category</u>	<u>Cost</u>	<u>Funding Source(s)</u>	<u>Total Cost</u>
Wastewater Treatment Plant	\$ _____	_____	
Sludge Handling Facilities	\$ _____	_____	
Pump Stations	\$ _____	_____	
Interceptor Sewers	\$ _____	_____	
Collection Sewers	\$ _____	_____	
On-site and Other Innovative/ Alternative Systems	\$ _____	_____	
			\$ _____

#### 3. RELOCATION EXPENSES

Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

<u>Cost Category</u>	<u>Cost</u>	<u>Funding Source(s)</u>	<u>Total Cost</u>
_____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
			\$ _____



#### 4. ENGINEERING

<u>Planning</u>	<u>Cost</u>	<u>Funding Source(s)</u>	<u>Total Cost</u>
Preliminary Planning	\$ _____	_____	
Facility Plan	\$ _____	_____	
Loan Application	\$ _____	_____	
Sewer Use Ordinance	\$ _____	_____	
User Charge System	\$ _____	_____	
Archaeological/Vegetative Surveys	\$ _____	_____	
Sewer System Evaluation Survey	\$ _____	_____	
Other _____	\$ _____	_____	\$ _____
 <u>Design</u>			
Plans/Specifications	\$ _____	_____	
Preliminary Plan of Operation	\$ _____	_____	
Value Engineering (if applicable)	\$ _____	_____	\$ _____
 <u>Construction Services</u>			
Securing/Evaluating Bids	\$ _____	_____	
Change Orders	\$ _____	_____	
General Engineering Reviews	\$ _____	_____	
On-site Inspections	\$ _____	_____	
Provide As-Built Drawings	\$ _____	_____	\$ _____
 <u>Resident Inspection</u>	 \$ _____	 _____	 \$ _____
 <u>Other Engineering Services</u>			
Final Plan of Operation	\$ _____	_____	
O & M Manual	\$ _____	_____	
Start-up Services	\$ _____	_____	
Other _____	\$ _____	_____	\$ _____
 <u>Additional Engineering Services</u>			
Negotiation of Service due to change in Scope	\$ _____	_____	
Service as expert witness	\$ _____	_____	
Other _____	\$ _____	_____	\$ _____
 TOTAL ENGINEERING COSTS			 \$ _____

#### 5. CONSTRUCTION COSTS ESTIMATE

Enter the estimated cost of construction contracts only. (Space is provided for additional information such

as location, contracts, etc.).

\_\_\_\_\_ Pre-Bid Engineer's Estimate

\_\_\_\_\_ Actual Bid Prices

<u>Cost Category</u>	<u>Cost</u>	<u>Funding Source(s)</u>	<u>Total Cost</u>
Wastewater Treatment Plant			
(I) Secondary Portion	\$ _____	_____	\$ _____
(II) Advanced Portion	\$ _____	_____	\$ _____
(IIIA) I/I Correction	\$ _____	_____	\$ _____
(IIIB) Major Sewer Rehabilitation	\$ _____	_____	\$ _____
(IVA) Collector Sewers	\$ _____	_____	\$ _____
(IVB) Interceptor Sewers including Pump Stations	\$ _____	_____	\$ _____
(V) Combined Sewer Overflow Correction	\$ _____	_____	\$ _____
TOTAL CONSTRUCTION COSTS			\$ _____

## 6. EQUIPMENT

Enter the estimated cost of shop, laboratory, and safety equipment, etc. to be used at the facility if such costs are not included in any construction contract.

<u>Cost Category</u>	<u>Cost</u>	<u>Funding Source(s)</u>	<u>Total Cost</u>
_____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
			\$ _____

## 7. MISCELLANEOUS

Enter the estimated costs for items such as but not limited to value engineering, interim financing, and capitalized interest.

<u>Cost Category</u>	<u>Cost</u>	<u>Funding Source(s)</u>	<u>Total Cost</u>
_____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
_____	\$ _____	_____	
			\$ _____

## 8. CONTINGENCIES

Enter estimated contingency costs. This amount should be calculated at 5% based on construction contracts only).

<u>Funding Source(s)</u>	<u>Total Cost</u>
_____	\$ _____
_____	\$ _____

## 9. TOTAL PROJECT COSTS

Project Title \_\_\_\_\_ Date Prepared \_\_\_\_\_

Part III - Budget Information  
Project Cost Summary

COST CLASSIFICATION	LOCAL FUNDS	GRANT	GRANT	LOAN	FUND A FAWRF LOAN	TOTAL PROJECT COSTS
1. Administrative and Legal Expense	\$	\$	\$	\$	\$	\$
2. Land Acquisition						
3. Relocation Expenses						
4. Engineering						
5. Construction						
6. Equipment						
7. Miscellaneous						
8. Contingencies						
9. Total Project Costs Each Funding Source	\$	\$	\$	\$	\$	\$

For funding sources other than FAWRF, please identify the grant/loan and indicate the award, or application date of such:

\_\_\_\_\_  
\_\_\_\_\_

Identify Source of Local Funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revised \_\_\_\_\_  
Revised \_\_\_\_\_  
Revised \_\_\_\_\_